

Case 6:12-cv-00647-LED Document 12 Filed 10/31/12 Page 1 of 2 PageID #: 120

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT for the Eastern District of Texas	U.S. DISTRICT COURT EASTERN DISTRICT OF TEXAS <div style="border: 1px solid black; padding: 2px; display: inline-block;">NOV 14 2012</div> DAVID J. MALAND, CLERK
))) Blue Spike, LLC.) 6:12CV499, LEAD)) Plaintiff(s)) CONSOLIDATED WITH v.) Civil Action No. 6:12-CV-647))) Innovatrics s.r.o., et al.))) Defendant(s))	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) **Swift Biometrics, Inc.**
 Kenneth Nosker
 850 Fawnway
 San Antonio, Texas 78260

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: **Eric M. Albritton**

ALBRITTON LAW FIRM
 P.O. Box 2649
 Longview, Texas 75606

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 10/31/12**CLERK OF COURT**

Signature of Clerk or Deputy Clerk

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Civil Action No. 6:12-CV-647

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (*name of individual and title, if any*) Swift Biometrics, Inc.
was received by me on (*date*) 11/03/2012.

I personally served the summons on the individual at (*place*) _____
on (*date*) _____; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____
, a person of suitable age and discretion who resides there,
on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is
designated by law to accept service of process on behalf of (*name of organization*) _____
on (*date*) _____; or

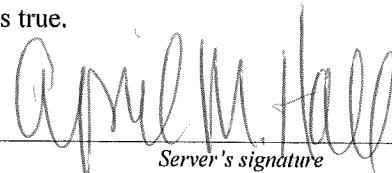
I returned the summons unexecuted because _____; or

Other (*specify*): Certified Mail, Return Receipt Requested # 70121010000056530658

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 11/07/2012


April M. Hall

Server's signature

April M. Hall

Printed name and title

111 West Tyler Longview, Tx. 75601

Server's address

Additional information regarding attempted service, etc:

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at www.usps.com

OFFICIAL USE

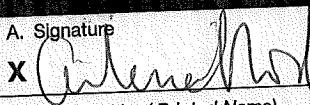
SAN ANTONIO TX 78260

Postage	\$	5.25	0601
<input type="checkbox"/> Certified Fee \$2.95			
<input type="checkbox"/> Return Receipt Fee (\$ Endorsement Required) \$2.35			
<input type="checkbox"/> Restricted Delivery Fee (\$ Endorsement Required) \$0.00			
Total Postage & Fees \$ 10.55			

Swift Biometrics, Inc.

Sent To: Kenneth Nosker
 Street, Apt. No. or PO Box No. 850 Fawnway
 City, State: San Antonio, Tx. 78260

PS Form 3800, August 2006 See Reverse for Instructions

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Swift Biometrics, Inc. Kenneth Nosker 850 Fawnway San Antonio, Tx. 78260</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery 11-03-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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2. Article Number 7012 1010 0000 5653 0658 RRR

(Transfer from service)

PS Form 3811, February 2004 Domestic Return Receipt

95-02-M-1540